



Docket No.: HT5000-0001-P001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re Patent Application of:  
Daniel Joseph BARTON

Application No.: 10/591,819

Group Art Unit: 2837

Filed: September 6, 2006

Examiner: TBA

For: ORIENTATION DATA COLLECTION  
SYSTEM

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STATUS INQUIRY

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

It is respectfully requested that the attorney named below be advised of the status of the above-identified application. Please advise us of when we might expect to receive an Office Action from the Patent and Trademark Office.

Dated: FEB 13 2007

Respectfully submitted,

By 

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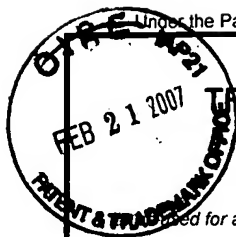
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TFW 2872

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# TRANSMITTAL FORM

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Application Number	10/591,819
Filing Date	September 6, 2006
First Named Inventor	Daniel BARTON
Art Unit	2872
Examiner Name	TBA
Attorney Docket Number	HT5000-0001-P001
Total Number of Pages in This Submission	

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Return Receipt Postcard 2. Status Inquiry (1 p)
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Bergman & Sons LLP, Customer No. 64884		
Signature			
Printed name	Michael Bergman		
Date	FEB 13 2007	Reg. No.	42,318

## CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Michael Bergman	Date	FEB 13 2007

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